	de	noutseile
Entry Blank—Please T	Type or Print	Cag
□ Ms./Artist □ Mr./Artist	ILYN S	ZACAY
Permanent 40/6 Address Street	RIVER LANG	(last name last)
A 4416	Daytime Tel. (333 2189
Temporary or Studio Address	MCCLURE DE	P LAKEND
144107_	Street	City ~ ~ GC
7910-T	Daytime Tel. (02905/5
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?		
Collaborator (if any)		
If May Show entries are not ac Artist will pick up at Museu Museum should dispose of Museum should ship to arti	um. Fatt	
Street		
City	State	Zip
Special Instructions Entry Blank must be completed	d in full and signed; forms recei	ved unsigned will not
be accepted.	a in fair and signed, forms recei	ved drisighed will hot
When necessary, include instruan object.	uctions or a drawing for assemb	ling and displaying
that the Museum shall dispose the dates given herein. It is als	oth delivery and return of object e for its own account any object so understood that accepted obj	s not picked up by
exhibition until May 27, 1990.		ects will remain on
	will be construed as an accept	
The submission of objects v	will be construed as an accept	
The submission of objects wo fall terms and conditions Signature	will be construed as an accept	tance by the artist